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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 153314.90017

First Named Inventor Michelene Schulte

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System for Hair Removal

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/96/028 attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. GPO: 06-21-0082

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Micheline	Family Name Schulte or Surname
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Inventor's Signature		Date
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Residence: City	Chandler	State	AZ	Country	USA	Citizenship	USA
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Mailing Address **2385 West Weatherby Way**

Mailing Address	City	Chandler	State	AZ	ZIP	85248	Country	USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
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Mailing Address

Mailing Address	City	State	ZIP	Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. DMB 0651-0035

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Micheline Schulte
Title	System for Hair Removal
Group Art Unit	
Examiner Name	
Attorney Docket Number	163314.90017

I hereby appoint:

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OR

Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08).

SIGNATURE of Applicant or Assignee of Record

Name

Micheline Schulte

Signature

Micheline Schulte

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **1** forms are submitted.

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